

MARYLAND HEALTH CARE COMMISSION

Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

December 1, 2009

Committee Members Present

Beverly Collins, MD, MBA, MS (via telephone)
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Maria E. Eckart, RN, BSN, CIC
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Wendy Gary, MHA
Andrea Hyatt (via telephone)
Debra Illig, RN, MBA, CLNC (via telephone)
Lynne V. Karanfil, RN, MA, CIC
William Minogue, MD
Peggy A. Pass, RN, BSN, MS, CIC (via telephone)
Carol Payne (via telephone)
Eli Perencevich, MD, MS
Michael Anne Preas, RN, BSN, CIC
Brenda Roup, PhD, RN, CIC
Jack Schwartz, Esq.
Patricia Swartz, MPH, MS
Renee Webster

Committee Members Absent

Sara E. Cosgrove, MD, MS
Anthony Harris, MD, MPH

Public Attendance

Katherine Feldman, DVM Department of Health and Mental Hygiene
John Krick, Ph.D, Department of Health and Mental Hygiene
Mary Mussman, MD, Department of Health and Mental Hygiene
Beverly Miller, Maryland Hospital Association
Nicole Stallings, Department of Health and Mental Hygiene (via telephone)
Lucy Wilson, MD, Sc.M, Department of Health and Mental Hygiene

Commission Staff

Pam Barclay
Theresa Lee
Mariam Rahman
Deme Umo
Eileen Witherspoon
Carol Christmyer
Judy Wright

1. Welcome and Introductions

Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m. and stated all who were present in person and on the phone. She introduced the new committee members: Wendy Gary, Debra Illig, Patricia Swartz, and Renee Webster.

2. **Review of Previous Meeting Summary (October 28, 2009)**

There were no changes to the meeting summary.

3. **Review and Discussion of Draft Maryland HAI Prevention Plan**

Ms. Barclay discussed the purpose of the prevention plan that will be submitted to CDC. Ms. Barclay reviewed the template provided by the CDC that each State must complete by January 1, 2010. She said CDC will aggregate all state plans for a report to Congress. She reviewed the areas and levels of the template. She said Maryland should have specific timelines and objectives on activities. Ms. Barclay introduced the Department of Health and Mental Hygiene staff, who are working with MHCC on this plan.

Ms. Barclay reviewed the draft plan and took edits from committee members. She said connecting key stakeholders is a major part of the ARRA funding. She discussed the different subcommittees that will be forming: HAI Process and Outcome Measures Subcommittee, Infection Prevention Subcommittee, IP Training and Work Force Development Subcommittee, and Electronic Laboratory Data Reporting Subcommittee. She also discussed the four areas of the plan and the HAI activities both current and planned.

Ms. Swartz discussed the laboratory activities that are planned including more effective data input and output. She said the plan is to make NHSN a subscriber of the data DHMH receives on reportable conditions so they can receive the data more easily. Dr. Feldman said the data is packaged in a way that needs to be linked up with NHSN. Ms. Pass discussed the difficulties with making staff collect numerous data elements when they have other responsibilities. Ms. Barclay agreed with the need to prioritize data collection. Dr. Feldman said ELR should improve timeliness and lessen the burden.

Ms. Barclay reviewed the second part of the plan which outlines state planning for HAI surveillance, detection, reporting, and response. The group discussed the merits of focusing on *Acinetobacter* versus other MDROs. Ms. Gary said the NHSN MDRO module reporting is part of CMS' ninth scope of work. Dr. Perencevich said a statewide effort is needed to curb *Acinetobacter* since infections come into the hospital from all over the state. Committee members discussed the need for better antibiotic management across all healthcare and the fact that these interventions decrease all MDROs, not just *Acinetobacter*.

Ms. Barclay stated healthcare worker influenza vaccination data collection requirement may have to be revisited as some hospitals are out of vaccine supplies and will not be receiving additional supplies. She said if vaccine supply is an issue, the data can be fed back to the hospitals and not publicly reported again this year. Ms. Barclay said the ambulatory surgery facilities are interested in obtaining this information for their centers, as well as long term care facilities.

Ms. Barclay stated the Hospital Performance Evaluation Guide will be used to report the data. She said MHCC will need to review what other states have done including NY and SC. The committee will have to make a decision on how to report the HAI data to the public.

The group agreed that HICPAC recommendations have to be implemented at the hospital-level. Dr. Perencevich said hospitals should be educated on how to implement HICPAC recommendations and how to perform risk assessments. Ms. Karanfil suggested auditing the hospitals to determine if they are following best practices.

4. Other Business

Update on CLABSI Audit

Ms. Barclay said MHCC is currently working on the CLABSI audit. She said every hospital reporting through NHSN will be visited. She said decisions will need to be made on how to go forward with auditing in coming years. Ms. Lee said hospitals' audits are being scheduled. She said certified letters will be sent out later this week to each hospital's audit liaison.

Timetable for Implementing Surgical Site Infection Data Collection

Ms. Barclay noted that the implementation for SSI data collection was pushed back to April 2010. She said MHCC needs to explore electronic submission of denominator data through NHSN. She has talked to the department of health in New York on how they are getting hospitals to enter this data.

2010 Meeting Schedule

Ms. Barclay said the 2010 meeting schedule is available.

5. Adjournment

The meeting adjourned at approximately 3:15 p.m. The next meeting is scheduled for December 10, 2009 to finalize the State HAI Prevention Plan.